



ENVIRONMENTAL SERVICES DEPARTMENT

Mark Johnson
Director

AUGUSTA SOLID WASTE CREDIT APPLICATION

Individual Use Information

Name: _____ Social Security Number: _____
Street Address: _____ Driver's License State & Number: _____
City, State, Zip: _____ Email Address: _____
Phone Number: _____ Fax Number: _____

Company Information

Company: _____ Phone Number: _____
Street Address: _____ Fax Number: _____
City, State, Zip: _____ Year Established: _____
Type of Business: _____ Tax ID Number: _____
Officer/Owner Name: _____ Email Address: _____

Billing Information

Credit Amount Requested: _____ Billing Address: _____
Payment Contact Name: _____ City, State, Zip: _____
Contact Phone Number: _____ Payment Contact Email: _____

Bank Reference

Bank Name: _____ Phone Number: _____
Street Address: _____ Fax Number: _____
City, State, Zip: _____ Account Number: _____
Contact Name: _____ Contact Email: _____

Trade References (3 Required)

Company Name: _____ Phone Number: _____
Street Address: _____ Fax Number: _____
City, State, Zip: _____ Account Number: _____
Contact Name: _____ Contact Email: _____

Company Name: _____ Phone Number: _____
Street Address: _____ Fax Number: _____
City, State, Zip: _____ Account Number: _____
Contact Name: _____ Contact Email: _____

Company Name: _____ Phone Number: _____
Street Address: _____ Fax Number: _____
City, State, Zip: _____ Account Number: _____
Contact Name: _____ Contact Email: _____

Environmental Services Department
Augusta Solid Waste & Recycling Facility
4330 Deans Bridge Road, Blythe GA 30805
(706) 592-3200 – Fax (706) 592-3255
WWW.AUGUSTAGA.GOV



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AUGUSTA SOLID WASTE CREDIT APPLICATION (cont.)

Testament

The undersigned hereby attests that the above information is factual and accurate, and is furnished of the purpose of obtaining credit. The undersigned authorizes all parties contacted to release credit and financial information requested as part of a credit investigation.

Account Agreement

If an account is opened, any and all statements rendered are to be paid within **30 days**. Failure to pay within specified terms will result in a 1.5% finance charge, accrued monthly, the potential cancellation of extended credit privileges and being converted to a **Cash Only** customer, and/or the implementation of collection procedures. When opening an account with Augusta Solid Waste, permit decals will be issued for each of your vehicles at \$100 per decal.

We reserve the right to change the terms of this Agreement by giving you fifteen (15) days advance notice of the change. Changes may include, without limitation, additional or different fees and contract provisions.

In the event that this Agreement is breached or defaulted on by Customer, Customer will be liable for all costs and expenses, including, but not limited to, finance charges and reasonable attorney fees or other costs of collection incurred by Augusta Solid Waste in enforcing its rights hereunder.

This application can be returned via fax at the number noted below, in person or via email to SolidWaste@augustaga.gov.

Signature Authorized Representative _____ Date _____

Printed Name _____ Title _____

For Internal Use Only

Credit Amount Extended _____

Signature Authorized Representative _____ Date _____